

**Arkansas Board of Registration
For Professional Engineers & Land Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

2009 Renewal Application for Professional Surveyor

Board Use Only

Date Rec'd: _____

CA/MO/CC/TC/CS CK/PC # _____

\$30.00

\$45.00

\$60.00

Name: _____
PS #: _____
Address: _____

Current Firm: _____
If this Firm offers surveying and/or engineering services in Arkansas, the Firm must have a Certificate of Authorization (COA).

Preferred Mailing Address

☐ Same as above (with zip +4)

☐ Change to: _____

Daytime phone: _____ Fax: _____
Email address: _____

YOUR LICENSE EXPIRES ON JUNE 30, 2008

Professional Surveyor Renewal Fee:

\$30.00 – if postmarked prior to June 30, 2008

You must complete this form and return with payment postmarked to PE & PLS Fund no later than June 30, 2008. Please write your license number on your check or money order.

Professional Surveyor REINSTATEMENT Fees:

\$45.00 – July 1, 2008 to Aug. 31, 2008

\$60.00 – After September 1, 2008

Please visit the online roster on our website to review the status of your renewal. As renewals are processed the renewal year will change to "2009". You may also verify your company information and mailing address.

!! NOTICE !! YOU CAN NOW RENEW BY CREDIT CARD ON-LINE AT OUR WEBSITE, WWW.ARKANSAS.GOV/PELS, 24 HOURS A DAY, 7 DAYS A WEEK. RENEWING ON-LINE WILL GIVE YOU AN IMMEDIATE RECEIPT, WILL UPDATE THE ON-LINE ROSTER WITHIN 24 HOURS (USUALLY WITHIN 24 HOURS) AND INSURE YOUR POCKET CARD IS RECEIVED FASTER. A SMALL TRANSACTION FEE IS REQUIRED.

Certification/Affirmation of Eligibility for Licensure Renewal – I hereby enclose my payment for the renewal fee and certify that: The information contained herein is true and correct. I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-48-101 et seq. and Rules of the Board, and I agree to abide by the Rules of Professional Conduct. I understand that I may be audited and if audited, I will be required to submit supporting documentation. I understand that failure to comply with such requirements, or any false statements made on this document, is a cause for disciplinary action.

I earned _____ (enter hours to the nearest 0.5) Professional Development Hours (PDH) between July 1, 2007 and June 30, 2008. Do not include the carryover hours which are above your name at the top of this page. Note: Please visit www.arkansas.gov/pels laws and rules for PDH requirements.

- ☐ I qualify for an exemption from Professional Development Hours based upon (please check one & INCLUDE APPROPRIATE FEES):
- ☐ New Registrant/Licensee since May 1, 2007
 - ☐ Requesting, or continuing in, an Inactive Status
 - ☐ Out of the Country or on temporary active military duty for 120 consecutive days between July 1, 2007 and June 30, 2008
 - ☐ I wish to continue my Exempt Status previously granted by the Board
 - ☐ I am licensed in a state where I have met their mandatory Professional Competency requirement of at least 15 PDH per year (circle one of these approved states: AL ID IA KS MT NC NE NH NM NV OK OR SC SD TN WY), PS # _____
- ☐ I do not wish to renew my Arkansas License. I am returning this form without renewal fee and request removal of my name from your active files.

Printed Name _____

*SSN# _____ -- _____ -- _____

Signature _____ PS # _____ Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, you must provide your current social security number (only if it has changed since June 1, 2007).